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INTRAOPERATIVE AND POSTOPERATIVE BLEEDING DURING CYSTOCELE'S SURGICAL CORRECTION DEPENDING ON ANTICOAGULANT/ANTIAGGREGANT CONCURRENT TREATMENT

Hypothesis / aims of study

To investigate the influence of concurrent anticoagulant/antiaggregant treatment in intraoperative and postoperative bleeding in women who underwent cystocele's correction.

Study design, materials and methods

328 women underwent cystocele's surgical correction by the same skilled surgical team between mar-2003/jan2013.
276 women underwent anterior colpoplasty without mesh, 52 anterior colpoplasty with mesh, 178 anterior colpoplasty without mesh and with transobturator tape in the same procedure.
98 patients had concurrent anticoagulant/antiaggregant drugs (AAD): Acetylsalicylic acid (ASA) 100 mg daily orally taken, ASA 300 mg daily orally taken, Acenocumarol 4mg orally taken with individual anticoagulation protocols, Clopidogrel 75 mg daily orally taken. In all patients, a preoperative blood coagulation study was performed and they were accepted for the procedure. A vaginal packing was left in place for 24 hours in all patients, removing it afterwards. Patients were discharged systematically 24 hours after surgery unless significant bleeding appeared.
Operative bleeding (in cc), the need to prolong the hospital stay more than 24 hours and the number of days the patients were bleeding were investigated.

We analyzed the results in the following groups:
Group A (n=163): Women without concurrent AAD.
Group B (n=10): Women who underwent surgery during treatment with ASA 100.
Group C (n=31): Women who suspended ASA 100 5 days pre-surgery.
Group D (n=22): Women who suspended ASA 100 7 days pre-surgery.
Group E (n=8): Women who suspended ASA 300 5 days pre-surgery.
Group F (n=18): Women who suspended ASA 300 7 days pre-surgery.
Group G (n=12): Women who suspended ASA 300 14 days pre-surgery.
Group H (n=18): Women who suspended Acenocumarol 4 mg 3 days pre-surgery.
Group I (n=17): Women who suspended Acenocumarol 4 mg 7 days pre-surgery.
Group J (n=5): Women who suspended Clopidogrel 75mg 5 days pre-surgery.
Group K (n=8): Women who suspended Clopidogrel 75mg 7days pre-surgery.
Group L (n=16): Women who suspended Clopidogrel 75mg 10 days pre-surgery.

Descriptive statistics, ANOVA, Student's t-test, Fischer's exact test; $p<0.05$ was considered significant.

Results

Homogeneous age (p=0.7413), median 69.02y (56-82). Table 1 shows the operative bleeding (in cc), the need to prolong the hospital stay more than 24 hours and the number of days the patients were bleeding, and the statistical significance.
Groups B, E, J and K had an average higher intraoperative bleeding, more need to prolong more than 24 hours the hospital stay and more vaginal bleeding persistence. Differences in the AAD suspension protocols recommended by Anaesthesiology, Cardiology and/or Haematology were identified during the study period: the number of days that the drugs must be suspended is shorter in the last years comparing to the first years of the study (p<0.0012).

Interpretation of results

Cystocele's surgical correction is an important intervention which can develop severe complications. During the study's period, changes in the AAD suspension protocols have been identified, which have been recommended by specialists different to those performing the surgery (urologists, gynaecologists). Although no woman needed blood transfusion or re-operation due to the bleeding, a longer hospital stay was necessary and more vaginal bleeding days were identified in outpatient controls. No thrombotic event in women with longer suspension protocols was recorded. Greater bleeding was confirmed when placing meshes or slings in patients with AAD ($p<0.0023$).

Concluding message

Cystocele's surgical correction must be performed by skilled surgeons, and AAD risks must be taken into account. We do not have protocols designed by surgical teams evaluating the bleeding and operative/postoperative complications' risk with concurrent AAD. Randomised trials are needed to find the risk-benefit point relating to the AAD suspension in women proposed to cystocele's surgical correction.

Tables

Table 1: Operative bleeding (in cc), need to prolong the hospital stay more than 24 hours, number of days the patients were bleeding, statistical significance.

Group	Bleeding during surgery (average in cc)	Need to prolong more than 24 hours the hospital stay (NO/YES)	Days of persistent vaginal bleeding (average)	Significance (p<0.05)
A	62	N	5	0.8231
B	161	Y	10	0.0023
C	73	N	7	0.0916
D	60	N	8	0.6925
E	130	Y	11	0.0061
F	99	N	5	0.9528
G	80	N	3	0.7152
H	73	N	6	0.6185
I	52	N	8	0.7523
J	210	Y	13	0.0003
K	162	Y	11	0.0017
L	113	N	9	0.6218

Disclosures

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